

Bradley, Kristy K.

From: Bradley, Kristy K.
Sent: Thursday, December 22, 2016 5:29 PM
To: Grissom, VaLauna K.
Cc: Cannady, Cynthia J.; Cox-Kain, Julie
Subject: RE: Request for Updated Data
Attachments: FY'18-SDOH-BPR Perf Measures ADS.XLSX

Hi VaLauna,

I've reviewed the draft of Dr. Cline's 2016 PMP and data we've previously reported on these measures for other analogous requests, e.g., the legislative budget request. By measure, here is my input:

1) % of immediately notifiable reports with return call in 15 minutes

There have been slight variations in this measure, e.g., initiating an investigation within 15 min, responding to immediately notifiable report received by phone vs report received in PHIDDO, etc. so that likely has resulted in slightly different percentages. I would recommend aligning the table in Dr. Cline's PMP with what Laurence just reported for the legislative budget request (see attached).

Those results are 95% in CY2013 [2014 value], 100% in CY2014 [2015 value] and 95% in CY2015 [new 2016 value]. Data source = PHIDDO

For the past 5 years, the Acute Disease Service has consistently performed at or above 95% on this measure. This is an integral component of OSDH's ability to quickly detect, investigate and control the spread of infectious diseases of high public health concern, such as meningococcal disease, hemorrhagic fevers, or measles. Continuing to maintain and enhance the PHIDDO system and maintaining sufficient numbers of personnel trained in infectious disease epidemiology and public health nursing is vital to ensuring our competency in this area.

2) State Score on National Health Security Preparedness Index

This measure is now problematic because the Index indicators used to calculate state scores keep changing and NHSPI values from prior years have actually been readjusted. As a result, Oklahoma's scores have been reassessed at: **2013=6.7, 2014=6.3, and 2015=6.5**

<http://nhspi.org/#by-state> This places our ranking below the national average of 6.7.

One of the problem indicators is the APHL survey which assesses if a PHL performs environmental testing. Because water and air testing is performed at the DEQ lab, Oklahoma did not receive credit for that measure. Oklahoma also ranks lower in the healthcare delivery domain.

The All Hazards Preparedness & Response STAT has redirected some of its goals to achieve continued testing and enhancement of the agency's Continuity of Operations Plan, and increase actions to identify OSDH personnel to receive training on specific C&GS roles to ensure OSDH has a 3-deep cadre of staff trained and prepared to manage a public health emergency incident. Continued assistance is needed to achieve progress with both of these targeted objectives.

Specific emergency preparedness & response activities during 2016 were ongoing weekly to bi-weekly cross-programmatic Zika virus planning meetings from February through October to ensure surveillance and diagnostic testing capacity for Zika and readiness to respond to potential local transmission. During September 2016, the Garfield CHD staff received intensive incident

management training from EPRS staff and have continued to respond to the mumps outbreak using an incident command system.

3) **2 year old childhood immunization rate**

The values listed in the table are accurate.

I think the verbiage about the new partnership with BC/BS in southwestern OK maybe carryover from last year?

A key activity that has helped to boost the 19-35 month old immunization rates is a statewide QI collaborative with DHS to audit immunization records in licensed child care facilities and help to enforce the child care entry immunization rules. This has been a focus of the Immunization Field Consultants' role and responsibilities. Improving the patient forecaster in the new OSIS has also likely helped to boost immunization rates.

Barriers are the ongoing challenges to rebuild staffing in the Immunization Service following the VOBO retirement of 5 seasoned staff members and expanding staffing to adequately support OSIS and Meaningful Use goals of populating OSIS with immunization records from electronic health records in private provider systems. It is also essential to have sufficient nursing personnel in the CHDs to administer immunizations and provide educational outreach to parents about the importance of immunizations.

As always, please let me know if you have any follow up questions or information needs.

Thanks,
Kristy

Kristy K. Bradley, DVM, MPH
State Epidemiologist
Oklahoma State Department of Health
1000 NE Tenth Street
Oklahoma City, OK 73117
(405) 271-7637
kristyb@health.ok.gov

From: Grissom, VaLauna K.
Sent: Tuesday, December 20, 2016 10:52 AM
To: Bradley, Kristy K.
Cc: Cannady, Cynthia J.
Subject: Request for Updated Data
Importance: High

First,

Let me apologize for the short notice but I'm hoping would have a few minutes to review the below agency core measures. The agency's performance in these core measures is reviewed with Dr. Cline as part of his performance evaluation each year. This will happen in January.

Pages 3 and 5 of this document contain data tables with these measures. Derek Pate is updating data but may not have the data for the report/return calls and the Score Card. I did pull this from the recent Budget Request. Could you review and let me know if correct?

% of immediately notifiable reports w/return call in 15 minutes

State Score on National Health Security Preparedness Index

2 year old immunization rate

Also you will find notes under RESULTS section for outcomes and activities. The notes included were pulled from last year and in some cases updated (ex. Rankings.) We are asking for very brief bullets on activities over the past year in support of these measures. Julie provided some language to help guide staff providing this response (below).

What are you doing to improve the rate? What evidence do you have to suggest we are making a difference? What are the biggest challenges to improving rate?

Our deadline to Dr. Cline is December 28th COB. Would it be possible to return this by Wednesday the 28th? I'm out of the office at the moment and actually getting ready to head to a Dr. appointment but will be monitoring emails. Let me know if you have any questions.

Thanks
V

From: Grissom, VaLauna K.
Sent: Monday, December 19, 2016 3:06 PM
To: Pate, Derek
Cc: Cox-Kain, Julie
Subject: Request for Updated Data

Derek,

Julie has asked that you populate the data in the attached core measure sheet for Dr. Cline. I've started with data recently sent in various ways but Julie would like you to review and populate. I would like to point out the Infant Mortality rate as she would like the 3 year rolling average used but would also like to know the rate for the most current year. I started to gather the data sources from each area to input but if you have those would you include as well?

We have a deadline to have data and activities back to Dr. Cline by 12/28. Would it be possible for you to review this data and populate this week? Let me know if you have any questions.

Thanks
V-

VaLauna Grissom
State Board of Health Secretary
1000 NE 10th Street, Room 305
Oklahoma City, OK 73117-1299
Telephone: (405) 271-4200
FAX: (405) 271-3431
E-mail: VaLaunag@health.ok.gov



Oklahoma could save
indicators.

5320

lives each year by just meeting the national average on health